

Appendix A

Tier 1 RBCA

24-HOUR AND 30-DAY UST RELEASE REPORTS

DEPARTMENT OF ENVIRONMENTAL QUALITY

HAZARDOUS WASTE SITE CLEANUP BUREAU
1100 N. LAST CHANCE GULCH
P.O. Box 200901
HELENA, MT 59620-0901
(406) 841-5000

24-HOUR INITIAL RELEASE RESPONSE REPORT

Date Release Discovered:		Time:
Notification Date:	Time:	By:
Confirmed Release Date:		
Reported by:		Title:
Address:		Phone:

ALL INFORMATION MUST BE REPORTED WITHIN 24 HOURS OF RELEASE DISCOVERY

FACILITY ID: _____ **RELEASE ID:** _____

Facility Name: _____

Type of Facility: _____ **Federally Regulated Tanks?** Y ☐ N ☐

Release Location Description: _____

Release Location Address: _____

City: _____ **State:** _____ **Zip:** _____

Latitude: _____ **Longitude:** _____ **LL Method:** _____
(decimal degrees) (decimal degrees) (Please choose one of the following)

☐ Map Interpolation
☐ Navigation Quality GPS
☐ Map Interpolation High Quality (Topofinder)

Facility Owner/Operator Name: _____

Contact Person Name: _____ **Phone:** _____

Contact Person Mailing Address: _____
(if different from above)

City: _____ **State:** _____ **Zip:** _____

Property Owner Name: _____ **Phone:** _____
(if different from facility owner)

Property Owner Address: _____

City: _____ **State:** _____ **Zip:** _____

Has owner/operator notified their insurance company? Y ☐ N ☐

Name of insurance company: _____

Are any costs associated with this release payable under the existing insurance policy? Y ☐ N ☐

RELEASE DESCRIPTION (Indicate All Unknowns with UK)

1. Cause of Release _____
2. Product Lost From: Tank ☐ Pipe ☐ Overfill/Spill ☐
Estimated Amount Lost _____ (gallons)
3. Tank Numbers _____, _____, _____, _____, _____, _____, _____
Product Types _____, _____, _____, _____, _____, _____, _____
Tank/Pipe Ages _____, _____, _____, _____, _____, _____, _____
Capacities _____, _____, _____, _____, _____, _____, _____
Material of Construction: Steel ☐ Fiberglass ☐ Other _____
4. UST/PST System Types ☐ Underground Tanks & Piping
☐ Aboveground with Underground Pipe
☐ Aboveground with Aboveground Pipe
☐ Piping Pressure/Suction
Other (explain) _____
5. How Was Release Discovered?
☐ Tank/Piping Removal
Soil Staining? _____ Odors? _____ Sheen on Groundwater? _____
Type of Field Monitoring Equipment Used? _____ (give readings if applicable)

☐ Soil/Water Samples (results) _____
☐ Tightness Test (Tested by) _____
☐ UST System Leak Detection Equipment (type) _____
☐ Surface Spill (estimated amount) _____
☐ Complaint _____
☐ Product Inventory (loss amount) _____
☐ Other (describe) _____
6. Check if impacts to: Are Known Are Potential
Groundwater ☐ ☐
Surface Water ☐ ☐
Drinking Water Supply ☐ ☐
Public ☐ Private ☐

7. Estimated depth to groundwater _____ How estimated _____
8. Estimated distance from release site to drinking water supply _____
9. Is free product present? _____ How determined _____ Thickness _____

DEQ RELEASE PRIORITY ☐ LOW ☐ MEDIUM ☐ HIGH

LOCAL CONTACTS: List all local officials contacted. (i.e. Fire, Health, Public Works) Include name, department, address, phone number.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RELEASE BACKGROUND/IMPACT (Explain in detail how and when the release was suspected and/or confirmed. Are third parties affected? Is groundwater contaminated? Include any other pertinent information.)

PROPOSED RELEASE RESPONSE (Explain in detail what the proposed release response plan entails. Include dates, times, contractors, procedures, etc.)

STARS REPORT INFORMATION

Date Release Confirmed (40) _____

Date Cleanup Initiated (10) _____

Date Release Under Control (20) _____

Date Cleanup Completed (30) _____

Remediation Type: (check all that apply) *Bio Remediation* ☐ *Landfarming* ☐ *Land filling* ☐ *Soil Excavation* ☐ *Soil Washing* ☐ *Thermal Destruction* ☐ *Chemical Treatment* ☐ *Air Sparging* ☐ *Carbon Filter* ☐ *Dissolved Air Flotation* ☐ *Filtration* ☐ *Vapor Extraction* ☐ *Steam Stripping* ☐ *Soil Venting* ☐ *Pump & Treat* ☐ *Other:* _____

CORRESPONDENCE INFORMATION / CHRONOLOGYCodeDate RequiredDate Received/Approved1. 10 _____Comment: Confirmation of Release (date release was discovered)2. 21 _____Comment: 24-hour release report3. 22 _____Date Sent: _____ Comment: 30-Day release letter sent to RP4. 23 _____Comment: 30-day follow-up report received

5. _____

Date Sent: _____ Comment: _____

6. _____

Date Sent: _____ Comment: _____

PETROLEUM RELEASE SECTION 30-DAY RELEASE REPORT

FOR STATE USE ONLY	
(If a different form is used, transcribe all information.)	
Facility ID#	Release #
Facility Name	
Project Manager	City

HAZARDOUS WASTE SITE CLEANUP BUREAU
MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
P.O. BOX 200901
HELENA MONTANA 59620-0901
(406) 841-5000

Completed form must be returned (postmarked) to the above address by _____

Completion of this form is required under authority of Administrative Rules of Montana 17.56.601 through 603 and Federal Code of Regulations 40-Parts 280.62 - 63. Failure to provide complete and accurate information by the deadline provided may be considered a violation of law and result in enforcement action.

A. PERSON COMPLETING FORM

Name: _____	Position/Title: _____	Phone: _____
The information provided herein is accurate to the best of my knowledge.		
Signature _____		Date _____

B. FACILITY INFORMATION

Facility Name: _____		
Previous Facility Name: _____		When changed: _____
Street address or description, (NO BOX NUMBERS): _____		
City: _____	Zip: _____	Phone: _____
Legal Description: _____ 1/4, _____ 1/4, _____ 1/4,		
Of Section _____ T. _____ R. _____		
Latitude/Longitude (Use WGS84 and decimal degrees): Latitude _____, Longitude _____		
How was Lat/Long determined? _____		

C. OWNERSHIP INFORMATION

Contact Person: _____	Phone: _____
Mailing Address (if different): _____	
UST System Owner: _____	Phone: _____
Mailing Address (if different): _____	
UST System Operator: _____	Phone: _____
Mailing Address (if different): _____	
Property Owner: _____	Phone: _____
Mailing Address (if different): _____	
Immediately Previous Property Owner: _____	Date Transferred _____
Mailing Address _____	

Please provide additional information on attached pages, when space is not adequate for your response.

If you have difficulty understanding or gathering any part of the information requested on this form, please contact the DEQ Petroleum Release Section project manager at (406) 841-5000 for assistance.

PETROLEUM RELEASE SECTION 30-DAY RELEASE REPORT

D. SITE CHARACTERISTICS

(DEQ is concerned about consumption of contaminated groundwater and vapors impacting a nearby utility corridor or structures. To help evaluate the potential threat to public health and the environment, please provide the following information as completely as possible. Also, locate these features not the site sketch map on the adjacent page.)

1. Describe soil type(s) (sand, clay, etc.) and change with depth (include diagram, if necessary)				
2. Ground cover at point of release:				
Asphalt _____ Concrete _____ Native soil _____ Other (describe) _____				
Will this change in the near future? _____ How? _____				
3. Depth to groundwater:		How determined?		
4. Groundwater flow direction _____		How determined? _____		
Note: Good sources of information are DNRC and City or County Sanitarians)				
5. Was water present in the excavation?		How Deep?		
6. Was a petroleum sheen (rainbow or scum) present on top of the water?				
7. Was petroleum product present in the excavation or on the water?		How thick?		
8. Did water or soil have a petroleum odor?		Describe		
9. Are water supply wells located on your property? _____ On your neighbor's property? _____				
If yes, complete the following table. Be sure to include the nearest municipal well and neighbor's wells .				
WATER SUPPLY WELL INFORMATION	Your Well	_____ Well	_____ Well	_____ Well
Distance from release				
Direction from release				
Total well depth				
Depth to water				
Use of water				
10. Distance and direction from release to nearby underground utilities and type (storm drain, sewer, water, gas, phone, etc.)				
11. Name and phone numbers of persons or businesses affected by this release, such as vapor problems or contaminated wells, etc. (explain on additional pages if necessary)				
12. Distance and direction from release to nearest surface water (river, lake, stream, irrigation/drainage ditch, etc)				
13. Other petroleum sources in the immediate area (on and off your facility) (type, distance, direction)				
14. Nearby Structures (cross-reference and identify on Facility Sketch Map on Page 6)				

PETROLEUM RELEASE SECTION 30-DAY RELEASE REPORT

(a.) Distance and direction from release from release to nearest building:

Basement _____ Crawl Space _____ Slab on Grade _____ Other (explain) _____

Use or Occupancy _____ Is building on same property as release? _____

Occupant Contact Person _____ Phone _____

Property Owner _____ Phone _____

(b.) Distance and direction from release to next nearest building:

Basement _____ Crawl Space _____ Slab on Grade _____ Other (explain) _____

Use or Occupancy _____ Is building on same property as release? _____

Occupant Contact Person _____ Phone _____

Property Owner _____ Phone _____

(c.) Distance and direction from release to next nearest building:

Basement _____ Crawl Space _____ Slab on Grade _____ Other (explain) _____

Use or Occupancy _____ Is building on same property as release? _____

Occupant Contact Person _____ Phone _____

Property Owner _____ Phone _____

(d.) Distance and direction from release to next nearest building:

Basement _____ Crawl Space _____ Slab on Grade _____ Other (explain) _____

Use or Occupancy _____ Is building on same property as release? _____

Occupant Contact Person _____ Phone _____

Property Owner _____ Phone _____

E. RELEASE DISCOVERY

(Note: Contaminated soil or high sample results also constitute a release)

1. Release was confirmed/discovered through: (check all that apply)

Visual (stained or saturated soil) _____ Odors _____ Surface Release _____

Field Vapor Meter _____ Tank Piping Removal _____

Inventory Records _____ Leak Detection Equipment _____

Tightness Test _____ Tested by: _____

Soil Sample Results _____

Complaint (describe) _____

Other (describe) _____

2. Date/Time Release Suspected _____ Date/Time Release Confirmed _____

3. Date/Time Reported to DEQ _____ Who at DEQ? _____

4. Type(s) of Product Lost: _____ Quantity (if known) _____ gallons

If diesel or used motor oil, was product used for heating oil? _____

5. Describe how release was discovered. Provide dates and times and names of persons involved _____

F. SOURCE AND CAUSE OF RELEASE

PETROLEUM RELEASE SECTION 30-DAY RELEASE REPORT

1. Source of Release (may include a specific piece of equipment that failed, or an area of the system): (check **all** that apply)

Tank _____ Product Pipe (between submersible pump or tank and dispenser) _____
 Submersible Turbine Pump (includes pipe from tank and leak detector) _____ Delivery into tank fill pipe _____
 Dispenser (all components above shear valve - meter head, filter, delivery hose/nozzle...etc.) _____
 Vent, Vapor Recovery, or Fill Lines _____ Customer or Tanker Loading Area _____
 Secondary Containment (Tank/pipe double-walls & sumps) _____ (describe) _____
 Historical Contamination _____ (describe probable sources and circumstances): _____

Other _____ (describe source(s) and circumstances): _____

Unknown Source _____ (describe possible sources and circumstances): _____

2. Cause of Release: (Check **all** that apply)

Spill (not overfill) _____ Vehicle Overfill (vehicle was full then overflowed) _____
 Storage Tank Overfill _____ Physical or Mechanical Damage (punctured, broken, swollen, elongated...etc.) _____
 Corrosion _____ Loose Fitting _____ Installation Problem _____
 Malfunctioned or Failed Component _____ (describe component(s) and circumstances): _____

Other _____ (describe cause and circumstances): _____

Unknown _____ (describe possible cause and circumstances): _____

3. Detailed Source of Contamination

TANK SYSTEMS:

Identify or describe all tank system(s) that are source (or possible sources) of contamination on the table below. Please use the corresponding tank identification numbers from DEQ's list of known active and out-of-use USTs for this facility. (A copy of the current list should have been provided to you with this blank 3-Day Report Form.) If the source tank system has not previously been reported to DEQ, or it is not on the list, please complete the information on a DEQ Non-Notifier Form.

Tank Number (from enclosed list)	Capacity / Age (gallons) / (Years)	Specify <u>UST</u> or <u>AST</u>	Specify <u>Date Last</u> <u>Used</u> or " <u>Active</u> "	Current or Last Product Stored	Previous Products Stored
	/				
	/				
	/				
	/				
	/				

G. RELEASE RESPONSE

PETROLEUM RELEASE SECTION 30-DAY RELEASE REPORT

1. Describe any equipment that was repaired or replaced _____	Was a permit issued? _____ Permit Number _____
2. Location of any removed tanks or pipes _____	
3. Name the primary repair contractor _____	Phone # _____
4. Name of excavator _____	Phone # _____
5. Was WATER or PETROLEUM PRODUCT removed from the excavation or release? _____	
(Note: Disposal or treatment of contaminated soil, water, or product must be approved by PRS Office.)	
Quantity and type of liquid _____	
Laboratory analyses of water or liquid: _____	
Method of disposal or treatment _____	
Owner of landfarm or landfill site _____	
Location of disposal/treatment site _____ 1/4, _____ 1/4, _____ 1/4	
Of Section _____ T. _____ R. _____	
Latitude/Longitude (Use WGS84 and decimal degrees) Latitude _____, Longitude _____	
How was Lat/Long determined? _____	
6. Was CONTAMINATED SOIL removed from the excavation? _____	
(Note: Disposal or treatment of contaminated soil, water, or product must be approved by PRS Office.)	
Quantity and level of contamination (i.e. saturated, moist...etc.) _____	
Laboratory analyses of soil _____	
Method of disposal or treatment _____	
Owner of landfarm or landfill site _____	
Location of disposal/treatment site _____ 1/4, _____ 1/4, _____ 1/4	
Of Section _____ T. _____ R. _____	
Latitude/Longitude (Use WGS84 and decimal degrees) Latitude _____, Longitude _____	
How was Lat/Long determined? _____	
7. How much total product was removed or recovered from the environment? (include free product, soil and vapor equivalent)	
Provide rough calculations for vapor and soil equivalent volume of product below: _____	
<u>H. FACILITY SKETCH MAP</u>	

PETROLEUM RELEASE SECTION 30-DAY RELEASE REPORT

Sketch showing release location, street names, location of current and all former tanks and piping, soil boring & monitoring wells, water supply wells, ditches, streams, utilities, paved (concrete or asphalt) areas, property lines , all buildings on site and adjacent property, etc. (include approximate dimensions and a north arrow).

Attach city or topographic map showing facility location.

PETROLEUM RELEASE SECTION 30-DAY RELEASE REPORT

I. ACTUAL RESPONSE NARRATIVE

Explain in detail what actions were taken to respond to the release. Include dates, times, contractors, procedures, and any information which would be helpful, such as pictures, amps, and sketches.

PETROLEUM RELEASE SECTION 30-DAY RELEASE REPORT

(Use continuation sheets if needed)

Use this page to provide any addition information, drawings of comments.

